



The FSS Program is available to households on the Housing Choice Voucher (Section 8) program and helps people who receive housing assistance to become financially independent. The FSS Program is a **stepping stone** to assist you in achieving your goals!

An incentive to join the FSS program is the escrow savings account.

- ◇ When your wages go up, your portion of rent goes up.
- ◇ If you're enrolled in the FSS program, you will also have money set aside every month in a special savings account
- ◇ Example: if you get more hours at work and your portion goes up by \$100, approximately \$100 will also be placed in the escrow account every month for you!
- ◇ When you graduate and meet your goals, you can use this money for whatever you want!
- ◇ The average amount received by participants is over \$5,000!

### **JOIN TODAY!**

Fill out the enclosed application and we will contact you to get enrolled.

For more information, contact us today!

# Mid-Columbia Housing Authority Columbia Gorge Housing Authority Family Self-Sufficiency Program

## Section I: Demographic Information

Applicant's name: _____ Mailing address: _____ _____ Phone number: _____ Best time to reach you: _____ Email address: _____ Date of birth of applicant: _____ Place of birth of applicant: _____
---

Please list all household members who will be living in your housing unit, including head of household. Give the relationship of each member to the head of household.

Name of household member	Relationship	Age	Gender
	Head of household		

Do you speak and understand English?    YES    NO  
 Do you speak and understand Spanish?    YES    NO

Do you prefer speaking and reading in:  
 English  
 Spanish  
 Another language (please specify): \_\_\_\_\_

**Section II: Education**

**What is the highest grade you have completed?**

- Eighth grade or less
- High school, no diploma
- High school diploma
- GED
- Some college, no degree
- College with degree (please specify): \_\_\_\_\_

**Are you presently enrolled in any of these activities?**

- High school/GED classes
- Computer classes
- College courses
- Vocational training
- Apprenticeship program
- Other training

**Section III: Employment**

**Please list all current employment in your household.**

Household member	Employer	Hours per week	Rate of pay	Does member receive fringe benefits?	How long has member worked there?

**If currently unemployed, how long have you been unemployed?** \_\_\_\_\_

**Section IV: Use of other services**

**Do you receive any state or federal assistance? Please list amount where appropriate.**

- \$ \_\_\_\_\_ TANF                      \$ \_\_\_\_\_ child support                      \$ \_\_\_\_\_ housing assistance
- \$ \_\_\_\_\_ Food stamps                      \$ \_\_\_\_\_ SSI (social security)                      \$ \_\_\_\_\_ child care assistance
- \$ \_\_\_\_\_ unemployment                      \$ \_\_\_\_\_ other

**What community services do you currently use?**

- |   |  |
|---|--|
| <input type="checkbox"/> DHS/DSHS                       | <input type="checkbox"/> Community College           |
| <input type="checkbox"/> Health Department              | <input type="checkbox"/> Vocational/technical school |
| <input type="checkbox"/> Job services/employment office | <input type="checkbox"/> Counseling                  |
| <input type="checkbox"/> Emergency food                 | <input type="checkbox"/> Domestic violence services  |
| <input type="checkbox"/> Head Start                     | <input type="checkbox"/> Other (specify): _____      |

Do you now work with any person or case manager (for example, at children's or job services) who helps you and your family find the services you need?      YES      NO

If yes, please list the person's name: \_\_\_\_\_  
What agency does she/he works for (if applicable)? \_\_\_\_\_

**Section V: Interest in Services**

**What services do you *need help with* or *would you like to know more about*? Please check any services that you are interested in.**

**Education/training:**

- GED
- Job search training
- Job/vocational training
- College courses
- Classes to learn English
- Citizenship classes

**Transportation:**

- Public transportation in area
- Help paying for transportation
- Driver's license
- Car insurance
- Car repairs

**Counseling:**

- Alcohol/substance abuse counseling
- Family/marital counseling
- Personal counseling
- Domestic violence counseling

**Budgeting and Finance:**

- Need help budgeting
- Homeownership counseling
- Credit counseling/repair

**Personal and other services:**

- Help with self-esteem
- Stress management skills
- Keeping a home clean and safe
- Legal assistance

**Job Search/Placement**

- Help in finding a job
- Career counseling
- Need a better job
- Need work clothing

**Health Services**

- Medical services for self or family
- Dental services for self or family
- Counseling for self or family
- Family planning
- Assistance in quitting alcohol, cigarettes, or other drugs

**Child care and parenting:**

- Help paying for child care
- Better quality child care
- Parenting classes

**Section VI: Goals and plans**

Please explain in your own words why you would like to participate in the Family Self-Sufficiency Program.

What are the three biggest problems that YOU and your family are facing right now?

- 1)
- 2)
- 3)

What are three things YOU are good at or proud of?

- 1)
- 2)
- 3)

How did you find hear about the Family Self-Sufficiency Program?

- Section 8 office contact
- Other agency contact (specify): \_\_\_\_\_
- Other (specify): \_\_\_\_\_

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* Thank you for your interest! \*\*\***  
**\*\*\* We look forward to working with you! \*\*\***